

**The University of Chicago Tuition Remission Program  
Fermi National Accelerator Laboratory**

**Employee Information**

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mail Station: \_\_\_\_\_

**Child's Information**

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Quarter Attending U of C: \_\_\_\_\_  
(i.e. fall 2007)

# of courses being taken: \_\_\_\_\_

Has your child received his/her bachelor's degree yet?      Yes / No

Is your child an undergraduate student?      Yes / No

Is your child currently a legal dependent of yours?      Yes / No

Is your child married?      Yes / No

Please mail this completed form to Nicole Gee at MS 124.